

Clement Lucas, *Guy's Hospital Reports*, 1876, and Connor, *American Journal of the Medical Sciences*, July, 1884.—*Brit. Med. Jour.* May 12, 1888.

C. B. KEETLEY (London).

V. Cocaine in Tonsillitis. By DEHAVILAND HALL, M.D. (London). Dr. Hall quotes several cases of acute parenchymatous tonsillitis to show the value of local painting with a 20% solution of cocaine which relieves dysphagia promptly, and seems to diminish the tendency to suppuration. It is not wise to use the solution in the form of a spray on account of occasional alarming syncopal attacks, but it is well to spray the throat with solution of bicarbonate of sodium (10 grains to the ounce) before applying the cocaine, as the latter appears to act more efficaciously in presence of an alkali. Cocaine is not useful in the follicular form of tonsillitis.—*Lancet*, May 19, 1888.

VI. Laryngeal Paralysis from Acute Laryngitis. By PERCY KIDD, M.D. (London). At the Clinical Society meeting on May 11, Dr. Kidd described the laryngoscopic appearance and the symptoms in a case of complete bilateral paralysis of the vocal cords due to acute laryngitis and passing away when the latter was cured in three weeks time. There was considerable dyspnea. Dr. Kidd attributed the paralysis of the laryngeal muscles to inflammatory infiltration of the intra-muscular filaments of the recurrent laryngeal nerve, and compared the affection to the ordinary palsy of the facial nerve from cold.—*Lancet*, May 19, 1888.

A. F. STREET (Westgate).

VII. The Conditions following Tracheotomy for Diphtheria and Croup in Children. By DR. ROBERT JENNY (St. Gallen). This paper contains a consideration of 214 tracheotomies performed in the Canton Hospital Munsterlingen from 1873 to 1886. The ages of the children ranged from one year or under to the 17th (1) and 21st (1) year of life. It appears that all under the age of one year died (3). The percentage of recoveries is 44%. In 88% of the cases the disease was diphtheria, the membrane, in most instances,

being present on the tonsils 74%. In 17 cases where the larynx was affected by the disease 53% recovered. As a rule most of the cases entered the hospital in a condition of extreme dyspnœa. Author advocates the early operation as soon as possible after the first distinct attack of dyspnœa. The results of operation are not so good where the patient has been the subject of several attacks of threatened asphyxia. All the cases operated upon in "agone" died (3). In 22 cases the patients were brought fully asphyxiated to the operating table: in some the respiration ceased during operation. 18% of these cases recovered, Sylvester's method of restoration resorted to. The Luer silver cannula was used in most cases. In 119 cases the tracheotomy was a superior one. Of the cases where the inferior tracheotomy was performed (95) 45% recovered.

The prognosis remains more favorable in those cases in which no membrane is expelled immediately after the operation than where this occurs. The expulsion of membrane through the canula speaks for an extension of the processes of the disease, and, therefore, an unfavorable prognosis. If the temperature on the 1st day (operation) remains 39°, the respiration not above 30, the prognosis is good. If cyanosis persists for the first 24 hours after operation, and the breathing is labored in spite of efforts of the surgeon the prognosis must be unfavorable. The hæmorrhages were more common after the first 3 days succeeding operation. The chief source seemed to the author to be from spots of necrosis of the tracheal and bronchial walls left unprotected after the expulsion of pseudo-membrane. On the whole hæmorrhages were easily controlled. The décanulement was undertaken in 86 cases within the first week. In other cases the canula remained in the wound from the 8th to 11th day. The causes of death after décanulement were hæmorrhage (1), septic diphtheria (2), pneumonia (3), scarlatina (1), asphyxia (1) exhaustion (5). After tracheotomy there persisted up to date in 2% of all the cases of recovery periodic attacks of slight dyspnœa. In 9 cases (recovery) there are, at present, functional disturbances of the vocal cords. In 6 children, so far examined, (7%) the disturbances are permanent and the result of the operation.—*Zeitschr. f. Chir.* bd. xxvii, heft. 5 u 6.

HENRY KOPLIK (New York).